



43

Please type a plus sign (+) inside this box ~ ☐

PTO/SB/01 (3-97) +

Approved for use through 9130/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing      OR      ☒ Declaration Submitted after Initial Filing

Attorney Docket Number	5000.221
First Named Inventor	Sumakeris
COMPLETE IF KNOWN	
Application Number	10/046,346
Filing Date	10/26/01
Group Art Unit	2832
Examiner Name	

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MINIMIZING DEGRADATION OF SIC BIPOLAR SEMICONDUCTOR DEVICES

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 10/26/2001 as United States Application Number or PCT International

Application Number 10/046,346 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 11 9(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO /SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.

T

Please type a plus sign (+) inside this box ~ ☐

Approved for use through 9130198. PTO/SB/01 (3-97) +  
OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 21176

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Philip Summa	31,573	Stanley B. Baker	35,058
Richard L. Additon	43,460	Albert P. Allan	40,485
Jesse B. Ashe, III	44,513		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 21176 OR ☐ Correspondence address below

Name	SUMMA & ALLAN, P.A.				
Address	11610 North Community House Road				
Address	Suite 200				
City	Charlotte	State	NC	ZIP	28277
Country		Telephone	704-945-6700	Fax	704-945-6735

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any)) Family Name or Surname

Joseph J. SUMAKERIS

Inventor's Signature Date 3/19/02

Residence: City Apex State NC Country US Citizenship US

Post Office Address 4412 Surry Bridge Circle

Post Office Address

City Apex State NC ZIP 27502 Country US

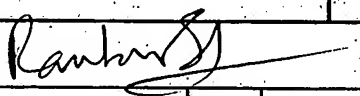
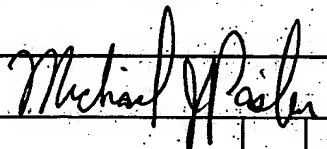
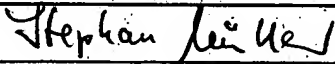
☒ Additional inventors are being named.

☐ Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☐

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE +  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<h1>DECLARATION</h1>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
----------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ranbir		SINGH	
Inventor's Signature			Date 3/25/02
Residence: City	Apex	State NC	Country US
Post Office Address	403 Burgwin Wright Way		
Post Office Address			
City	Apex	State NC	Country US
ZIP	27502	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael James		PAISLEY	
Inventor's Signature			Date 3/19/02
Residence: City	Garner	State NC	Country US
Post Office Address	1903 Ford Gates Drive		
Post Office Address			
City	Garner	State NC	Country US
ZIP	27529	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stephan Georg		MUELLER	
Inventor's Signature			Date 3/20/02
Residence: City	Durham	State NC	Country US
Post Office Address	100-123 Laurel Springs Drive		
Post Office Address			
City	Durham	State NC	Country US
ZIP	27713	Country	US

Please type a plus sign (+) inside this box ☐

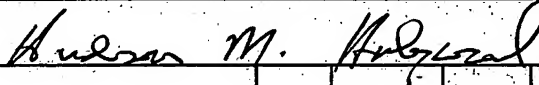
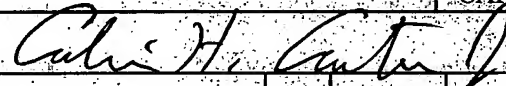

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-003

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Hudson M.		HOBGOOD			
Inventor's Signature				Date	4/8/02
Residence: City	Pittsboro	State	NC	Country	US
Post Office Address	501 Fearrington Post				
Post Office Address					
City	Pittsboro	State	NC	ZIP	27312
				Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Calvin H.		CARTER, Jr.			
Inventor's Signature				Date	3/21/02
Residence: City	Cary	State	NC	Country	US
Post Office Address	114 N. Drawbridge Lane				
Post Office Address					
City	Cary	State	NC	ZIP	27513
				Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Albert Augustus		BURK, Jr.			
Inventor's Signature				Date	4/1/02
Residence: City	Chapel Hill	State	NC	Country	US
Post Office Address	105 Marigold Court				
Post Office Address					
City	Chapel Hill	State	NC	ZIP	27516
				Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.